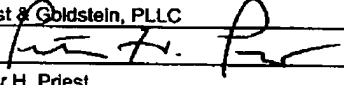
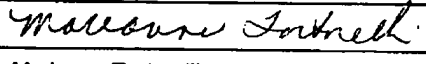


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/714,281
	Filing Date	Nov 14, 2003
	First Named Inventor	Castleman, James
	Art Unit	3626
	Examiner Name	Lubin, Valerie
Total Number of Pages in This Submission	Attorney Docket Number	109.0037

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Priest & Goldstein, PLLC		
Signature			
Printed name	Peter H. Priest		
Date	December 21, 2009	Reg. No.	30210

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Marianna Tortorelli	Date	December 21, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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109.0037
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Castleman et al.

Serial No.: 10/714,281

Filed: November 14, 2003

For: METHODS AND APPARATUS FOR DEVELOPING AND MARKETING
COMBINED INSURANCE PACKAGES

Group: 3626

Examiner: Lubin, Valerie

Durham, North Carolina
December 21, 2009

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Amendment Transmittal

Sir:

1. Transmitted herewith is an Amendment for the above-identified application, responsive to an Office Action dated September 21, 2009.

FEE FOR CLAIMS AS AMENDED

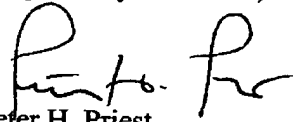
2. ☒ No additional fee is required.
☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate		Additional Fee
Total Claims	20	-	20	0	x \$52.00	=	0.00
Independent Claims	3	-	4	0	x \$220.00	=	0.00
Multiple Dependent Claims		-			x \$390.00	=	
						TOTAL	\$ 0.00

3. ☐ Charge the fee of \$ _____ to Credit Card (see attached form).
- ☐ Charge the fee of \$ 130 for a 1 month extension of time to Credit Card (see attached form). This letter petitions for a 1 month extension of time to respond.
4. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, including any fee for extension of time or credit any overpayment to Law Offices of Peter H. Priest **Deposit Account No. 50-1058.**

Respectfully submitted,


 Peter H. Priest
 Reg. No. 30,210
 Priest & Goldstein, PLLC
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 Durham, NC 27713-7736
 (919) 806-1600